Name in Full: Mary Henrietta Blackiston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall; County: Kent

Date of death 1904: Month: Sept; Day: 3; Years: 44; Months: 1; Days: 3

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: Housewife; Where Residing if not at place of death: Rock Hall Md

Married, Single or Widowed: Widow; Name of ~~Wife or~~ Husband: James E Blackiston

Father's Name: Thomas A Hudson; Father's Birthplace: Maryland

Mother's Maiden Name: Adeline L. Usilton; Mother's Birthplace: Maryland

Name of person giving information: Ada V. Satterfield; How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption; How long: 2 years

Immediate: Exhaustion; How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Selby M.D.

Address: Rock Hall Kent Co.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Not named

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestertown — County: Kent

Date of death: 1904 — Month: Sept. — Day: 20

Age: Years: 0 — Months: 0 — Days: 0

Sex: Male — Color or Race: Colored — Birthplace: Chestertown

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: George Butler — Father's Birthplace: Kentles —

Mother's Maiden Name: Maggie Mitchell — Mother's Birthplace: Kentles

Name of person giving Information: Geo. Butler — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Died in Utero — How long: probably 1 day.

Immediate: " " " — How long: " " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Barnes Simmons

Address: Chestertown Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Harriet Stewart Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall — County: Kent

Date of death 1904: Month: Sept. — Day: 8 — Age: Years: 25 — Months: 8 — Days: 13

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: George W. Davis

Father's Name: George Copper — Father's Birthplace: Maryland

Mother's Maiden Name: Rebecca Glenn — Mother's Birthplace: Maryland

Name of person giving Information: John L. Davis — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 6 hours

Immediate: Exhaustion — How long: one hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Selby M. D.

Address: Rockhall Kent Co.

Accident or Suicide?

LIBRARY BUREAU A33616

Name in Full: Esther A. Dibl

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death: Month: Sept; Day: 6; 1904

Age: Years: 67; Months: 7; Days: 18

Sex: Female

Color or Race: White

Birthplace: Kent Co

Occupation: Housewife

Where Residing if not at place of death: Edesville, Kent Co

Married, Single or Widowed: Widow

Name of Wife or Husband:

Father's Name: Joseph Neilson

Father's Birthplace: Kent Co

Mother's Maiden Name: Sarah Lamb

Mother's Birthplace: Kent Co

Name of person giving Information: Mrs. Jas. W. Chamberlain

How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis

How long: a number of years

Immediate: Exhaustion

How long: Several weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. G. Sinders

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A99816

Chester Cemetery

John N. Dodd

Undertaker

Name in Full: Charles. Foreman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pomona — County: Kent

Date of death	Month	Day	Age	Months	Days
1904	Sept	21	47	10	

Sex: Male — Color or Race: Colored — Birthplace: Kent Co

Occupation: Laborer — Where Residing if not at place of death: Pomona

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabeth Foreman

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: Jas. A. Elias — How related to deceased: Brother in law

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Catarrh — How long: 2 years

Immediate: Collapse — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Bruce & Thomas

Address: Castle Lodge Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Infant Grimes

CERTIFICATE OF DEATH

MARYLAND

Died at: not Town: Turners Creek County: Kent

Date of death 1904 Month: Sept Day: 24 Age: Years — Months — Days 11

Sex: Female Color or Race: Black Birth-place: Mar Turners Creek Md

Occupation: — Where Residing if not at place of death: Mar Turners Creek Md

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: James Grimes Father's Birthplace: Kent Co Md

Mother's Maiden Name: Cora Hackett Mother's Birthplace: Kent Co Md

Name of person giving Information: Cora Hackett Grimes How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entenitis How long: 3 days

Immediate: Exhaustion How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G Gr Bayne M.D.

Address: Kennedyville Md

Accident or Suicide?

LIBRARY BUREAU A68518

Big Woods

Name in Full: Bernard Harrison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rock Hall — County: Kent Co.

Date of death 1904: Month: Sept. — Day: 4 — Age: Years: — Months: 5 — Days: 15

Sex: Male — Color or Race: White — Birthplace: Kent Co.

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Thomas Harrison — Father's Birthplace: Kent Co.

Mother's Maiden Name: Lilly E Edwards — Mother's Birthplace: Kent Co

Name of person giving information: Thomas Harrison — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Summer Catarrh — How long: 2 months

Immediate: Exhaustion — How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W D Selby MD

Address: Rock Hall Kent Co.

Accident or Suicide?

LIBRARY BUREAU 488818

Name in Full: James Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rock Hall — County: Kent Co.

Date of death 1904: Month: Sept. — Day: 2 — Age: Years: 51 — Months: 11 — Days: 17

Sex: Male — Color or Race: White — Birth place: Queen Anns

Married, Single or Widowed: Widower — Occupation: Oysterman

Name of Wife or Husband: Martha Jones

Father's Name: Mr. Harrison — Father's Birthplace: Talbot Co.

Mother's Maiden Name: Elizebeth Jalle — Mother's Birthplace: Queen Anns

Name of person giving In formation: Wm. Thomas Harrison — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 7 weeks

Immediate: Exhaustion — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Seay M.D.

Address: Rock Hall Kent.

Accident or Suicide?

LIBRARY BUREAU AP8S16

Name in Full Jeremiah ~~Howard~~ Jeremiah Henry

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Georgetown County: Kent

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 Month: Sept Day: 2 Age: Years 20 Months: 9 Days: 5

Sex: Male Color or Race: Colored Birthplace: Maryland

Occupation: Labourer Where Residing if not at place of death: Georgetown Md

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Isaac Henry Father's Birthplace: Maryland

Mother's Maiden Name: Julia A Moore Mother's Birthplace: Md

Name of person giving Information: Isaac Henry How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis Pulmonalis How long: 9 months

Immediate: Exhaustion How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. W. Buell M.D.

Address: Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Lilly May Henry

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Kent

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 Month: Sept Day: 2nd Age — Years: — Months: — Days: 17

Sex: Female Color or Race: Black Birthplace: Kent Co

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Josiah Henry Father's Birthplace: Kent Co

Mother's Maiden Name: Sarah E. Brown Mother's Birthplace: Kent Co

Name of person giving In formation: Josiah Henry How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions Tonic How long: 5 day

Immediate: Asphyxia How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C P Fountain MD

Address: Millington Md

Accident or Suicide? —

LIBRARY BUREAU A88518

Name in Full: Caroline R. Hynson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death: 1904; Month: Sept; Day: 20; Age: Years: 48; Months: 10; Days:

Sex: Female; Color or Race: Colored; Birthplace: Kent Co

Occupation: Laundress; Where Residing if not at place of death: Chestertown

Married, Single or Widowed: Married; Name of Wife or ~~Husband~~: Jno. Hynson

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Andrew Cann; How related to deceased: Married in family

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dysentery Hepatitis; How long: About 4 weeks

Immediate: Hepatitis; How long: 2 wks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. Bingham Simmons

Address: Chestertown md

Accident or Suicide? no

LIBRARY BUREAU A88816

Name in Full: William Franklin Jarrell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Chestertown | County: Kent Co

Date of death 190 4: Month: Sept | Day: first

Age: Years: ∞ | Months: 10 | Days: 14

Sex: Male | Color or Race: White | Birthplace: Kent Co. Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Frank Jarrell | Father's Birthplace: Kent Co Md

Mother's Maiden Name: Florence Ann Gale | Mother's Birthplace: Kent Co Md

Name of person giving information: W. F. Jarrell | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculer Meningetis | How long: 10 weeks

Immediate: Effusion in brain | How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. N. Sheppard

Address: Crumpton Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Fannie Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown — County: Kent

Date of death: Month: Sept — Day: 2 — Age: Years: 2 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: Kent Co

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Perry Johnson — Father's Birthplace: Kent Co

Mother's Maiden Name: Minta White — Mother's Birthplace: Kent Co

Name of person giving Information: Perry Johnson — How related to deceased: Father.

CAUSES OF DEATH

Primary: Whooping Cough — How long: 3 Weeks

Immediate: Convulsions — How long: 6 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. Fonerden M.D.

Address: Millington Md.

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: Lizzie Cotton Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Morgnec — County: Kent

Date of death: Month: Sept — Day: 23 — Year: 1904 — Age: Years: 17 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Kent Co. Md

Occupation: Housework — Where Residing if not at place of death: Morgnec

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Tom Jones — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Helen Cotton — Mother's Birthplace: Kent Co Md

Name of person giving In formation: John Dunn — How related to deceased: Stepfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Eclampsia. — How long: one day

Immediate: Convulsions. — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. E. Banwick

Address: Kennedyville Md

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Margaret Kennard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Chestertown (County) Kent

Date of death 1904 (Month) Sept (Day) 27 (Years) Age 24 (Months) (Days)

Sex Female | Color or Race Col. | Birthplace Kent Co

Occupation Domestic | Where Residing if not at place of death

Married, Single or Widowed Single | Name of Wife or Husband

Father's Name Albert Wickes | Father's Birthplace Kent Co

Mother's Maiden Name Editha Kennard | Mother's Birthplace Kent Co

Name of person giving In formation Editha Kennard | How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cardiac Paralysis | How long Instantaneous

Immediate | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Robt. Moffett

Address Coroner Chestertown Md.

Accident or Suicide? No

LIBRARY BUREAU A66616

Name in Full: Isaac Kiker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Betterton; County: Kent

Date of death: Month: Sept; Day: 1; Years: —; Months: 7; Days: —

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Kiker; Father's Birthplace: Pa

Mother's Maiden Name: Dealia McInerney; Mother's Birthplace: Ireland

Name of person giving information: Mr Kiker; How related to deceased: Father

CAUSES OF DEATH

Primary: —; How long

Immediate: Marasmus.; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lewis P. Caturll M.D

Address: Still Pond Md.

Accident or Suicide? —

LIBRARY BUREAU A68816

Still Pond

Name in Full: Nelson. Lewel.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Golts — County: Kent

Date of death: Month: Sept. — Day: 18 — 1904

Age: Years — Months: 6 — Days

Sex: Male — Color or Race: Black — Birthplace: Golts. Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Wm Lewel — Father's Birthplace: Cecil Co. Md.

Mother's Maiden Name: Henriette. Downs. — Mother's Birthplace: Kent. "

Name of person giving Imformation — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile Diarrhoea — How long: 8 or 10 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: H M. Jeter.

Address: Sassafras. Md.

Accident or Suicide?

LIBRARY BUREAU A66018

Name in Full: Margaret Ann Lindsay

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death: 1904; Month: Sept; Day: 24; Age: Years 9, Months, Days

Sex: Female; Color or Race: Col.; Birthplace: Kent Co

Occupation: School girl; Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John T. Lindsay; Father's Birthplace: Q.A. Co

Mother's Maiden Name: Lizzie Chapman; Mother's Birthplace: Kent Co

Name of person giving information: Mary E. Lindsay; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 7 mos

Immediate: Exhaustion; How long: 3 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H G Sumpers

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A66816

Name in Full: Thomas Jacob McClain

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond; County: Kent

Date of death 1904: Month: Sept; Day: 3; Age: Years: 6; Months: 2; Days: —

Sex: male; Color or Race: White; Birthplace: Md

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: Charles McClain; Father's Birthplace: Md

Mother's Maiden Name: Katie Kendall; Mother's Birthplace: Md

Name of person giving information: Chas McClain; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: —; How long: —

Immediate: Accident run over by wagon, ½ hour; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Harbourneau

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Still Pond

Name in Full: Minnie Tilden Maslin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall; County: Kent

Date of death: Month: Sept.; Day: 21; 1904; Age: Years: 31; Months; Days

Sex: Female; Color or Race: White; Birthplace: Kent Co. Md.

Occupation: Housekeeper for Father; Where Residing if not at place of death

Married, Single or Widowed: Single; Name of Wife or Husband

Father's Name: George L. Maslin; Father's Birthplace: Kent Co. Md.

Mother's Maiden Name: Melissa Hynson; Mother's Birthplace: Kent Co. Md.

Name of person giving information: George L. Maslin; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Drowned; How long: —

Immediate: Exhaustion; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Sly M.D.

Address: Rock Hall Kent Co

Accident or Suicide?

LIBRARY BUREAU A80818

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town — County Kent Co Md

Date of death 1904 — Month Feb. 12 — Day — Years — Age 4 hours — Months — Days

Sex — Color or Race White — Birthplace Kent Co.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name Walter Meekins — Father's Birthplace Kent Co.

Mother's Maiden Name Clara L Meekins — Mother's Birthplace Kent Co.

Name of person giving In formation P J Cooper — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Annie Wally her mark

Address

Accident or Suicide?

LIBRARY BUREAU A88016

J E 7.

Name in Full: C. H. B. Massey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death: Month: 9; Day: 23; Years: 39; Months: 9; Days: 29

Sex: Male; Color or Race: White; Birthplace: Kent Co Md

Occupation: Farmer, R Bo; Where Residing if not at place of death: Chestertown Md

Married, Single or Widowed: Single; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: C. H. B. Massey; Father's Birthplace: Kent Co Md

Mother's Maiden Name: Mary Hannah Massey; Mother's Birthplace: Cecil Co Md

Name of person giving information: Theo Massey; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights; How long: Several Years

Immediate: Uraemia; How long: 3 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Frank Hinds

Address: Chestertown Md

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Pearle Ringgold.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sassafras — County: Kent

Date of death 190 4: Month: Sept. — Day: 14 — Age: Years: 26 — Months: 5 — Days: 14

Sex: Female — Color or Race: Colored — Birthplace: Cecilton, Md.

Married, Single or Widowed: Married — Occupation: Housewife's

Name of Wife or Husband: Pearle Bell

Father's Name: John H. Bell. — Father's Birthplace: Baltimore

Mother's Maiden Name: Delia Hyland — Mother's Birthplace: Cecil Co Md

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 21 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W M. Jeter.

Address: Sassafras. Maryland.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ella Selmyer Leppington

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rock Hall — County: Kent

Date of death 1904 — Month: July — Day: 16 — Years: Age — Months: 3 — Days: 24

Sex: Female — Color or Race: White — Birthplace: Rock Hall Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: James W. Leppington — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Amelia E. Maslin — Mother's Birthplace: " Co Md

Name of person giving information: Martha K. Joynes — How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endoenteritis — How long: 3 days

Immediate: Exhaustion — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. N. Beall M D

Address: Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Elias Benjamin Smart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestertown; County: Kent

Date of death: Month: Sept; Day: 28; 1904

Age: Years: 76; Months: 9; Days:

Sex: Male; Color or Race: White; Birthplace: France

Occupation: Florist; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Mary Brown

Father's Name: John Smart; Father's Birthplace: France

Mother's Maiden Name: ——; Mother's Birthplace: France

Name of person giving information: Wm P. Smart; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility; How long: One year

Immediate: Exhaustion; How long: Several days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. G. Simpers

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Mary Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rock Hall — County: Kent

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 — Month: Sept- — Day: 21

Age: ~~Years~~ 4 Months 15 Days

Sex: Female

Color or Race: Black

Birthplace: Rock Hall Md

Occupation: none

Where Residing if not at place of death: Rock Hall Md

Married, Single or Widowed

Name of Wife or Husband

Father's Name: Perry Thompson

Father's Birthplace

Mother's Maiden Name: Amanda Clarkson

Mother's Birthplace: Kent Co

Name of person giving Information: Perry Thompson

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natural Causes

How long: 5 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Robert H Jewett MD

Address: Rock Hall Md

Accident or Suicide?

Acting Coroner

LIBRARY BUREAU A68816

Name in Full Margie E. Warren

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Betterton — (County) Kent

Date of death 1904 — Month: Sept — Day: 8

Age — Years: — Months: 1 — Days: 3

Sex: female — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Thos J Warren — Father's Birthplace: Md

Mother's Maiden Name: Elvira Derr — Mother's Birthplace: Md

Name of person giving Information: T. J. Warren — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Marasmus — How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Herbert Kenney

Address: Chestertown, Md.

Accident or Suicide? —

LIBRARY BUREAU A66816

Westby Chapple.

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Charlotte Spencer Nicklas

Died at: Town: Chestertown — County: Kent

Date of death 190 4 — Month: 9 — Day: 21 — Age: Years 62 — Months 6 — Days 23

Sex: Female — Color or Race: White — Birthplace: Kent Co Md

Married, Single or Widowed: Widow — Occupation: Housewife

Name of Wife or Husband: 1st J. L. Wetherbee 2nd J. W. Nicklas

Father's Name: Geo W Spencer — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Margarette Ringgold — Mother's Birthplace: Kent Co Md

Name of person giving In formation: Daughter (Mrs H H Buck) — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Rheumatism — How long: 1 year

Immediate: Pneumonia — How long: Seven days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Frank Haines

Address: Chestertown Md

Accident or Suicide?

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